



State of Utah
Department of Workforce Services
H.E.A.T Program/HELP/EAF Application
(Home Energy Assistance Target)

OFFICE USE: Date Received: _____ Application ID: _____

One Person Household----HEAT Application

1. Applicant Information:

Name: _____
First
Middle
Last

Social Security #: _____ Gender: Male Female Birth Date: _____
Day
Month
Year

Address: _____ City/State: _____ Zip: _____

Phone #: (____) _____ Email Address: _____

2. Have you applied for HEAT assistance before? Yes No

3. Ethnic background: American Indian White Hispanic Black Asian
 Pacific Islander Other: _____

4. Are you: US Citizen: Yes No Age 60 or older: Yes No
 Handicapped/Disabled: Yes No Receiving SNAP (Food Stamps): Yes No

5. Your dwelling is a (check one): House Apt. (3 or more units) Duplex
 Basement Apt. Mobile Home Small Trailer Boarding Room

6. Do you rent or own your home? _____ What is your primary heating source? _____

7. Is your rent subsidized? _____ How much is your monthly rent/mortgage payment? \$ _____

8. Does your rent include utilities? _____ Which utilities? _____

9. Does anyone else live with you now? Yes No
 If yes, make an appointment with your local HEAT office (call 2-1-1 for the phone number).
 This application is for one-person households only.

10. You must enclose copies of your most recent utility bills. If you pay your utilities indirectly through your landlord, please make a HEAT appointment (call 2-1-1 for the phone number) or visit our web site to obtain the form at: <http://www.housing.utah.gov/seal/OtherHEATForms.html>.

My HEAT payment is to be issued to the following utility(ies) in the percentages listed below (100%, 50/50%, or 25/75%):

%	Name of Utility Vendor(s)	Utility Account Number(s)	Name on Account (If not applicant, provide explanation)

11. Income (you must enclose documentation of income): Enter the gross amount of income you received from each source **last month**.
Income documented is for the month of: _____.

Wages (Part time/Full time/Self emp.).....	\$ _____	Unemployment.....	\$ _____
Railroad Retirement.....	\$ _____	Supplemental Security Income (SSI).....	\$ _____
Veterans Benefits.....	\$ _____	General Assistance.....	\$ _____
Social Security.....	\$ _____	Income from Rental Property.....	\$ _____
Pension/Annuity/Retirement.....	\$ _____	Other: _____	\$ _____

12. Deductions: Did you pay for any medical or dental expenses **last month** including insurance, prescriptions, eyeglasses, co-payments, or over the counter medication?..... Yes No
If yes, you must include copies of the receipts with this application. All receipts must be paid in the same month as the month of income listed above.

Total Income: \$ _____ Total Deductions: \$ _____ Net Income: \$ _____

I agree not to change the vendor or % to which my HEAT payment may go after this date.

DECLARATION: By signing this application, I certify under penalty of perjury that the information I provided on this application is true, and that giving false information may require repayment of any funds received. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement herein. I hereby authorize SEAL program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application. I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. I understand that I have the right to a Fair Hearing if my application is denied or not acted upon with reasonable promptness. I further understand that if Federal HEAT funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment.

I verify that, if eligible, I would like to receive Rocky Mountain Power's HELP discount program and Questar Gas's Energy Assistance Fund (EAF) credit. I will notify the State of Utah at 866-205-4357 if my situation changes and I am no longer eligible for the HELP discount and I understand that failure to do so may require me to pay the difference between any eligible and ineligible amounts.

Signature

Date

OFFICE USE: Office Code: _____ Worker: _____ Editor: _____ Fuel Type _____
 House Stand Apt. Stand Room/Board Actual amount \$ _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.